# Case 17-12320 Doc 1 Filed 04/19/17 Entered 04/19/17 15:59:36 Desc Main Document Page 1 of 68

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Iden	tify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full	name		
	your gove picture ide example, license or Bring you identificat	name that is on ernment-issued entification (for your driver's passport).  It picture ion to your with the trustee.	Kristoffer First name  S Middle name  Hanczar  Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	used in t	names you have he last 8 years our married or ames.		
3.	your Soc number of Individua	last 4 digits of ial Security or federal al Taxpayer ation number	xxx-xx-0618	

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Case number (if known)

Debtor 1 Kristoffer S Hanczar

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 1414 Mildred Ave. Saint Charles, IL 60174 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Kane County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Kristoffer S Hanczar

Par	Tell the Court About	Your Ban	kruptcy Ca	ise					
7. The chapter of the Bankruptcy Code you are choosing to file under						uals Filing for Bankruptcy			
	choosing to file under	■ Chapter 7							
		□ Chapter 11							
		☐ Cha	pter 12						
		☐ Cha	pter 13						
8.	How you will pay the fee	al	bout how yo	ou may pay. Typically, if attorney is submitting y	you are paying	he fee yoursel	f, you may pay with cash	local court for more details cashier's check, or money a credit card or check with	
						this option, sig	gn and attach the <i>Applica</i>	ation for Individuals to Pay	
			•	<i>ling Fee in Installments</i> (Official Form 103A). <b>est that my fee be waived</b> (You may request this option only if you are filing for Chapter 7. By lave to the combined to, waive your fee, and may do so only if your income is less than 150% of the official					
		bı aj	ut is not requipolities to you	uired to, waive your fee ur family size and you a	, and may do so re unable to pay	only if your inc	come is less than 150% of	of the official poverty line that this option, you must fill out	
9.	Have you filed for bankruptcy within the	□ No.							
	last 8 years?	Yes.							
			District	N.D. Illinois		9/17/01		01-32375	
			District		When		Case number		
			District		When		Case number		
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is	☐ Yes.							
	not filling this case with you, or by a business partner, or by an affiliate?								
			Debtor	-			Relationship to y	ou	
			District		When		Case number, if	known	
			Debtor				Relationship to y		
			District		When		Case number, if	known	
11.	Do you rent your	□ No.	Go to li	ine 12.					
	residence?	Yes.	Has yo	ur landlord obtained an	eviction judgme	nt against you	and do you want to stay	in your residence?	
		. 55.	_	No. Go to line 12.					
			_	Yes. Fill out <i>Initial Stat</i> bankruptcy petition.	ement About an	Eviction Judgr	ment Against You (Form	101A) and file it with this	

Deb	tor 1	Case 17-1 Kristoffer S Hancz		Doc 1	Filed 04/19/17 Document	Entered 04/19/17 15:59:36 Page 4 of 68 Case number (if known)	Desc Main
Par	3:	Report About Any Bu	sinesses '	You Own as	a Sole Proprietor		
12.	of ar	you a sole proprietor ny full- or part-time ness?	■ No.	Go to Pa	rt 4.		
			☐ Yes.	Name an	d location of business		
	busir an in sepa as a	le proprietorship is a ness you operate as idividual, and is not a arate legal entity such corporation, nership, or LLC.			business, if any		
	sole	u have more than one proprietorship, use a trate sheet and attach		Number,	Street, City, State & ZIP	Code	

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

13. Are you filing under Chapter 11 of the **Bankruptcy Code and are** you a small business debtor?

it to this petition.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

I am not filing under Chapter 11. No.

None of the above

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Kristoffer S Hanczar

Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. 

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-12320 Doc 1 Filed 04/19/17 Entered 04/19/17 15:59:36 Desc Main Document Page 6 of 68 Case number (if known) Debtor 1 Kristoffer S Hanczar Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kristoffer S Hanczar

Kristoffer S Hanczar Signature of Debtor 1	Signature of Debtor 2		
Executed on April 19, 2017 MM / DD / YYYY	Executed on MM / DD / YYYY		

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Debtor 1 Kristoffer S Hanczar Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Derrick	B. Hager	Date	April 19, 2017
Signature of	Attorney for Debtor		MM / DD / YYYY
Derrick B. Printed name	Hager		
	Hager, P.C.		
Firm name			
245 W. Ro	osevelt Rd.		
<b>Building 1</b>	5, Suite 119		
West Chic	ago, IL 60185		
Number, Street,	City, State & ZIP Code		
Contact phone	630-587-7490	Email address	dirkhager@sbcglobal.net
6286310			
Bar number & S	tate		

Page 8 of 68 Case number (if known) Document Debtor 1 Kristoffer S Hanczar Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." □ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that Yes. are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1,000-5,000 **25,001-50,000 1-49** you estimate that you **5001-10,000 50,001-100,000** □ 50-99 owe? ☐ More than 100,000 **1**0,001-25,000 **100-199 200-999** 19. How much do you **50 - \$50,000** □ \$1,000,001 - \$10 million ☐ \$500.000.001 - \$1 billion estimate your assets to **550,001 - \$100,000** □ \$10,000,001 - \$50 million **□** \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion ☐ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million **□** \$0 - \$50,000 estimate your liabilities □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million **\$50,001 - \$100,000** to be? □ \$10,000,000,001 - \$50 billion ☐ \$50,000,001 - \$100 million ■ \$100,001 - \$500,000 ☐ More than \$50 billion ☐ \$100,000,001 - \$500 million □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Kristoffer S/Hanczar Signature of Debtor 1 Executed on Executed on April 19, 2017 MM / DD / YYYY MM / DD / YYYY

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Fill in this infor	mation to identify your	case:		
Debtor 1	Kristoffer S Hanc	zar		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
-			•	 •

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	1: Summarize Your Assets		
		Your as	ssets If what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	105,036.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	105,036.00
Par	2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	29,701.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	76,524.98
	Your total liabilities	\$	106,225.98
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	0.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,506.65
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a nersonal	family or

the court with your other schedules.

Official Form 106Sum Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$_	3,235.56
		1 -	

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	ıl claim
• • •		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as	\$	0.00
priority claims. (Copy line 6g.)	Ψ_	
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00
og. Total Add miles od tirodgi on	Ψ	0.00

	Ca	ase 17-12320 [	2/Doc 1 Filed 04/19 Document		0/17 15:59:36	Desc	Main
Fill ir	this infor	mation to identify your		Page 11 01 08			
Debto		Kristoffer S Hand					
		First Name	Middle Name	Last Name			
Debto (Spous	or 2 e, if filing)	First Name	Middle Name	Last Name			
Unite	d States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF I	LLINOIS			
		annuapto, countro uno.					
Case	number _						Check if this is ar amended filing
							g
Offi	cial Fo	orm 106A/B					
		e A/B: Prop	ertv				12/15
			e items. List an asset only once.	. If an asset fits in more than	one category. list the	asset in the	
think it	t fits best. B	Be as complete and accura	te as possible. If two married pe a separate sheet to this form. O	eople are filing together, both	are equally responsib	le for supply	ring correct
Answe	r every ques	stion.	·		-		
Part 1	: Describe	Each Residence, Building	, Land, or Other Real Estate You	J Own or Have an Interest In			
1. <b>Do</b> :	you own or I	have any legal or equitable	e interest in any residence, build	ling, land, or similar property?	•		
<b>I</b>	No. Go to Par	rt 2.					
	Yes. Where i	is the property?					
Port 2	Dogoribo	Your Vehicles					
Part 2	Describe	rour verticles					
			itable interest in any vehicle e, also report it on <i>Schedule</i> G			e any vehicl	es you own that
		·	ility vehicles, motorcycles	,			
		uoka, tractora, aport ut	mity vernicles, motorcycles				
•	Yes						
3.1	Make:	Ford	Who has an interest i	in the property? Check one			or exemptions. Put
	Model:	Focus	Debtor 1 only				aims on Schedule D: Secured by Property.
	_	2005	Debtor 2 only		Current value o		urrent value of the
	Approximat Other inforr		Debtor 1 and Debtor  At least one of the or	•	entire property	, bc	ortion you own?
				abbitoro and another	<b>*</b>	00.00	<b>*</b> 000 00
			Check if this is co (see instructions)	mmunity property	\$80	00.00	\$800.00
		Hawley Day delege			Do not deduct so	acured claims	or exemptions. Put
3.2	-	Harley Davidson Sportster	Who has an interest i	n the property? Check one	the amount of ar	ny secured cla	aims on Schedule D: Secured by Property.
	_	2009	Debtor 1 only  Debtor 2 only		Current value o		urrent value of the
	Approximat		300 Debtor 1 and Debtor	or 2 only	entire property		ortion you own?
	Other inforr	mation:	At least one of the o	debtors and another			

Official Form 106A/B Schedule A/B: Property page 1

☐ Check if this is community property (see instructions)

\$5,558.00

\$5,558.00

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Case number (if known) Document Kristoffer S Hanczar Debtor 1 Do not deduct secured claims or exemptions. Put **Harley Davidson** 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **FLSTC Heritage Softtail** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2014 Year: Debtor 2 only Current value of the Current value of the 10000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information:  $\square$  At least one of the debtors and another \$20,665.00 \$20,665.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Kawasaki Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: VN 1500 Model: Creditors Who Have Claims Secured by Property. Debtor 1 only 1994 Year: Debtor 2 only Current value of the Current value of the 120000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$615.00 \$615.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$27.638.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... typical household furniture \$345.00 7 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... 4 smart phones, used Lenovo thinkpad, 3 homebuilt PCs, 2 50" \$500.00 flatscreen TVs, 32" flatscreen TV, DVD-Bluray player 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

□ No

Yes. Describe.....

Magic the Gathering game cards

\$1.00

	Case 17-1	.2320	Doc 1	Filed 04/19/17 Document	Entered 04/19/17 15:59:36 Page 13 of 68	Desc Main
Debtor 1	Kristoffer S H	lanczar		Boodinent	Case number (if known)	)
Examp	nent for sports an oles: Sports, photog musical instru	graphic, ex		ther hobby equipment;	bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No		, shotguns	s, ammunition	, and related equipmen	t	
□ No		thes, furs,	leather coats	s, designer wear, shoes	, accessories	
		necessa	ary wearing	g apparel, wedding	bands	\$550.00
13. Non-fa Exam  No □ Yes.  14. Any of □ No	-	l househo	old items you	ı did not already list, i	ncluding any health aids you did not list	
15. <b>Add</b>		of all of yo	our entries fr	om Part 3, including a	ny entries for pages you have attached	\$1,396.00
Part 4: De	escribe Your Financ	ial Assets				
			uitable intere	est in any of the follow	ving?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No		•		our home, in a safe dep	osit box, and on hand when you file your peti	tion
					Cash	\$2.00
Exam ■ No	institutions. I			I accounts; certificates ounts with the same ins		houses, and other similar
18. Bonds	s, mutual funds, c					

☐ Yes.....

Institution or issuer name:

Case 17-12320 Doc 1 Filed 04/19/17 Entered 04/19/17 15:59:36 Desc Main Page 14 of 68 Case number (if known) Document Debtor 1 Kristoffer S Hanczar 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Pension \$76,000.00 **SERS Pension** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured

claims or exemptions.

28. Tax refunds owed to you

☐ No

Yes. Give specific information about them, including whether you already filed the returns and the tax years......

already received and spent

\$0.00

	Case 17-12320	Doc 1	Filed 04/19/17 Document	Entered 04/19/17 15:59:36	Desc Main
Debt	Kristoffer S Hanczar		Document	Page 15 of 68  Case number (if known)	
	amily support Examples: Past due or lump sum No Yes. Give specific information		usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
	ther amounts someone owes y examples: Unpaid wages, disabili benefits; unpaid loans No Yes. Give specific information	ty insurance p		efits, sick pay, vacation pay, workers' comper	nsation, Social Security
	terests in insurance policies Examples: Health, disability, or life No	e insurance; h	nealth savings account (	HSA); credit, homeowner's, or renter's insurar	nce
	Yes. Name the insurance compa	any of each popany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
! \$	ny interest in property that is of you are the beneficiary of a livin omeone has died.  No Yes. Give specific information	lue you from g trust, expec	someone who has die t proceeds from a life in	ed surance policy, or are currently entitled to rece	eive property because
	laims against third parties, whexamples: Accidents, employmer No Yes. Describe each claim			it or made a demand for payment s to sue	
=	ther contingent and unliquidat No Yes. Describe each claim	ed claims of	every nature, includin	g counterclaims of the debtor and rights to	set off claims
-	ny financial assets you did not No Yes. Give specific information	already list			
	Add the dollar value of all of your part 4. Write that number h			ny entries for pages you have attached	\$76,002.00
Part !	: Describe Any Business-Related	Property You	Own or Have an Interest	In. List any real estate in Part 1.	
37. <b>D</b>	you own or have any legal or equ	itable interest i	in any business-related p	roperty?	
	No. Go to Part 6.				
П	es. Go to line 38.				
Part (	Describe Any Farm- and Comm If you own or have an interest in fa			n or Have an Interest In.	
	o you own or have any legal on No. Go to Part 7.	r equitable in	terest in any farm- or o	commercial fishing-related property?	
I	Yes. Go to line 47.				
Part 7	Describe All Property You	Own or Have a	ın Interest in That You Dic	d Not List Above	
ı	o you have other property of a examples: Season tickets, countr				

☐ Yes. Give specific information.......

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Case number (if known) Document Debtor 1 Kristoffer S Hanczar

54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$0.00 56. Part 2: Total vehicles, line 5 \$27,638.00 Part 3: Total personal and household items, line 15 57. \$1,396.00 Part 4: Total financial assets, line 36 58. \$76,002.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$105,036.00 Copy personal property total \$105,036.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$105,036.00

Official Form 106A/B Schedule A/B: Property page 6 Case 17-12320 Doc 1 Filed 04/19/17 Entered 04/19/17 15:59:36 Desc Main

Fill in this inforr	nation to identify your	case:		
Debtor 1	Kristoffer S Hanc	zar		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number _				
(if known)				☐ Ch

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemp	ptions are	you claiming?	Check one only	, even if	your spouse is	s filing with	vou.
----	--------------------	------------	---------------	----------------	-----------	----------------	---------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2005 Ford Focus 180000 miles Line from Schedule A/B: 3.1	\$800.00		\$800.00	735 ILCS 5/12-1001(c)
Line Hotti Schedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	
1994 Kawasaki VN 1500 120000 miles	\$615.00		\$615.00	735 ILCS 5/12-1001(c)
Line Hotti Schedule Avb. 3.4			100% of fair market value, up to any applicable statutory limit	
typical household furniture Line from Schedule A/B: 6.1	\$345.00		\$345.00	735 ILCS 5/12-1001(b)
Line Horri Schedule A/D. V.1			100% of fair market value, up to any applicable statutory limit	
4 smart phones, used Lenovo thinkpad, 3 homebuilt PCs, 2 50"	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
flatscreen TVs, 32" flatscreen TV, DVD-Bluray player Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
necessary wearing apparel, wedding bands	\$550.00		\$550.00	735 ILCS 5/12-1001(a)
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	

Case 17-12320 Filed 04/19/17 Entered 04/19/17 15:59:36 Document Page 18 of 68 Kristoffer S Hanczar Case number (if known) Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Pension: SERS Pension** 735 ILCS 5/12-1006 \$76,000.00 \$76,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 

Doc 1

Yes

Desc Main

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			Document	Page 19	9 of 68		
Fill in	this informatio	n to identify you	r case:				
Debtor	· 1 <b>K</b>	ristoffer S Han	czar				
Dobtoi		st Name	Middle Name	Last Name			
Debtor	· 2						
(Spouse	if, filing) Fir	st Name	Middle Name	Last Name			
United	States Bankrup	otcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS			
0	O.a.oo	,					
	number						
(if known	n)						if this is an
						ameno	led filing
Offi⊲i	ial Form 10	neD					
				_			
Sch	edule D:	Creditors	Who Have Claims	Secure	d by Propert	У	12/15
s neede number	ed, copy the Addi (if known).		f two married people are filing toget out, number the entries, and attach in y your property?				
П	No Check this	box and submit th	nis form to the court with your othe	r schedules Y	ou have nothing else t	o report on this form	
_			·	1 concación i	ou have nouning olde t	o roport on timo form.	
	Yes. Fili in ali o	f the information b	Delow.				
Part 1	List All Sec	cured Claims			0.1	0.1. 0	0.1.0
			nore than one secured claim, list the cr			Column B	Column C
			a particular claim, list the other credito cal order according to the creditor's nar		Amount of claim  Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
フィー	łarley Davids Financial	on	Describe the property that secures	the claim:	\$21,066.00	\$20,665.00	\$401.00
	reditor's Name		2014 Harley Davidson FLS				
			Heritage Softtail 10000 mile	es :			
	Attention: Bar		As of the date you file, the claim is	: Check all that			
	Po Box 22048		apply.	. Oneck an trial			
_	Carson City, N		Contingent				
N	lumber, Street, City, S	State & Zip Code	Unliquidated				
Who o	wes the debt?	Shook one	Disputed				
_		check one.	Nature of lien. Check all that apply.				
	tor 1 only		☐ An agreement you made (such as car loan)	i mortgage or se	curea		
_	tor 2 only		,				
_	tor 1 and Debtor 2	,	Statutory lien (such as tax lien, mo	echanic's lien)			
_	east one of the del		☐ Judgment lien from a lawsuit	Purchase	Money Security		
	mmunity debt	elates to a	Other (including a right to offset)	- urchase	Money decurity		
Date de	ebt was incurred	Opened 04/15 Last Active 7/07/16	Last 4 digits of account nun	nber <u>4071</u>			
F	larley Davids	on					
	inancial		Describe the property that secures	the claim:	\$8,635.00	\$5,558.00	\$3,077.00
	reditor's Name		2009 Harley Davidson Spor 5300 miles	tster			
	Attention: Bar		As of the date you file, the claim is	: Check all that			
	Po Box 22048		apply.				
_	Carson City, N		Contingent				
N	lumber, Street, City, S	State & ∠ip Code	Unliquidated				
Who o	wes the debt? (	Sheck one	Disputed  Nature of lien. Check all that apply.				
_		JIIOUN UIIG.	☐ An agreement you made (such as		curod		
	tor 1 only		car loan)	mongage or se	cureu		
_	tor 2 only otor 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, me	ochanic's lian\			
_	east one of the del		☐ Statutory lien (such as tax lien, med) ☐ Judgment lien from a lawsuit	sonanics ilen)			

Official Form 106D

# Case 17-12320 Doc 1 Filed 04/19/17 Entered 04/19/17 15:59:36 Desc Main Document Page 20 of 68

Debtor 1 Kristoffe	er S Hanczar	e Last Name	Case number (if know)
_	aa.o . tan	243(114111)	
Check if this claim community debt	relates to a	Other (including a right to offset)	Purchase Money Security
Date debt was incurre	Opened 05/16 Last Active 9/20/16	Last 4 digits of account num	nber <u>5395</u>
	je of your form, add the	umn A on this page. Write that nun e dollar value totals from all pages	1 1 1 1 1 1

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debtor 1    Kristoffer S Hanczar   First Name   Middle Name   Last		Case 17-12520 L	Document	Page 21	of 68	Desc Main
Debtor 2 (Spouse if, filling) First Name	Fill in this i	information to identify your				
Debtor 2 (Spouse if, filling) First Name	Debtor 1	Kristoffer S Hanc	zar			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (if known)	202101			Last Name		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number   Check if this is an amended filing   Check if this claim is in the aphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, is the creditor separately for each claim is fed, identify who incurred the debt? Check one.    Check if this is an amended filing   Check if this cl	Debtor 2					
Case number (If known)    Check if this is an amended filling	(Spouse if, filing	g) First Name	Middle Name	Last Name		
Check if this is an amended filing  Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party in year cautory contracts on unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on the country of the cou	United State	es Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	JINOIS		
Check if this is an amended filing  Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party in year cautory contracts on unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on the country of the cou	Case numb	er				
Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party in year country contracts on unapplied leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on the country contracts on unapplied leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on the country of the claim secure claims sent the sent of the text of the country of the claim secure claims and case need unopy on product well of the party of the claim secure claims and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim isted, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims list out the Continuation Page of Part 2.  Advocate Medical Group  Last 4 digits of account number  Nonpriority Creditor's Name  850 Bryn Mawr Ave, 8th floor Chicago, It. 60631  Number Street City State Zip Code  Who incurred the debtr? Check one.  Debtor 1 only  Debtor 2 only  Unliquidated  Debtor 1 only  Contingent  Unliquidated  Debtor 1 only  Debtor 2 only  Debtor 1 only  Debtor 1 only	(if known)					☐ Check if this is an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party in executory contracts or unspringing deases that could result in a claim. Also list executory contracts on Schedule ArB: Property (Official Form 106A/B) and on schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in schedule D: Creditors Who Have Claims Secured by Property II more space is needed, copy the Part you need, fill it out, number the entires in the boxes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amen and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors when priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Advocate Medical Group  Nonpriority Creditor's Name  8550 Bryn Mawr Ave. 8th floor  Chicago, IL 60631  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Check if this claim subject to offset?  Contingent  Contingent  Contingent  Contingent  Contingent  Contingent  Contingent  Cont						amended filing
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party in executory contracts or unspringing deases that could result in a claim. Also list executory contracts on Schedule ArB: Property (Official Form 106A/B) and on schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in schedule D: Creditors Who Have Claims Secured by Property II more space is needed, copy the Part you need, fill it out, number the entires in the boxes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amen and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors when priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Advocate Medical Group  Nonpriority Creditor's Name  8550 Bryn Mawr Ave. 8th floor  Chicago, IL 60631  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Check if this claim subject to offset?  Contingent  Contingent  Contingent  Contingent  Contingent  Contingent  Contingent  Cont	O(() -1 -1 -	400E/E				
as a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. Liet the other party in executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AN: Property (Official Form 108A/B) and on street claims that a claim. Also list executory contracts on Schedule AN: Property (Official Form 108C). Do not include any creditors with partially sociated claims and is add and so included in the continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2:  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the order creditor shape and in its. Do not list claims already included in Part 1 if more than one creditor holds a particular claim, list the other creditors are not creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims list out the Continuation Page of Part 2:  Yes.  4.1 Advocate Medical Group  Nonpriority Creditor's Name  Boston Bryn Mawr Ave. 8th floor  Chicago, IL 60631  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 only  Debtor 1 only  Contingent  Unliquidated  Debtor 2 only  No Policy State Zip Code  Who incurred the debt? Check one.  Provided the debtors and another Chicago, IL 60631  No Policy State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  State I for the debtors and another Chicago, IL 60631  Debtor 1 only  Che				<b>0</b> 1 :		40/45
my executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106A/D). Do not include any creditors what raily secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the first Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part 1: List All in f Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2:  Yes.  List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.If More than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.If More than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Pa	Schedu	le E/F: Creditors W	ho Have Unsecured	Claims		12/15
1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims  Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Advocate Medical Group  Nonpriority Creditor's Name  8550 Bryn Mawr Ave. 8th floor  Chicago, IL 60631  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  Debtor 2 and Debtor 2 only  Debtor 1 and Debtor 3 only  Debtor 1 so fit debtors and another  Check if this claim is for a community debt  Do Debtor 1 only Debtor 3 only  Debtor 3 only Contingent  Debtor 4 only Debtor 4 only Disputed  Type of NoNPRIORITY unsecured claim:  Type of NoNPRIORITY unsecured claim:  Do Debtor 3 only Colligations arising out of a separation agreement or divorce that you did not report as priority claims  Do Debtor 4 only Student loans  No Debtor 5 only Debtor 5 only Debtor 2 only Debtor 3 only Colligations arising out of a separation agreement or divorce that you did not report as priority claims  Debtor 5 only Colligations arising out of a separation agreement or divorce that you did not report as priority claims	Schedule D: ( left. Attach th	Creditors Who Have Claims Sec le Continuation Page to this page	ured by Property. If more space is r	needed, copy th	ne Part you need, fill it out, num	ber the entries in the boxes on the
No. Go to Part 2.  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims  Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  Advocate Medical Group Nonpriority Creditor's Name 8550 Bryn Mawr Ave. 8th floor Chicago, IL 60631 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 onfisc 2 only Debtor 3 priority claims Debtor 4 only Contingent Debtor 4 offset? Debtor 5 only Debtor 4 only Contingent Debtor 6 offset? Debtor 6 offset? Debtor 7 only Debtor 8 only Contingent Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Performance 1 only	Part 1: L	ist All of Your PRIORITY Un	secured Claims			
Yes.   Part 2:   List All of Your NONPRIORITY Unsecured Claims against you?	1. Do any o	creditors have priority unsecure	d claims against you?			
List All of Your NONPRIORITY Unsecured Claims	No. G	Go to Part 2.				
3. Do any creditors have nonpriority unsecured claims against you?    No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.	☐ Yes.					
No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  4.1 Advocate Medical Group  Nonpriority Creditor's Name 8550 Bryn Mawr Ave. 8th floor Chicago, IL 60631  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Unliquidated Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts	Part 2: L	ist All of Your NONPRIORIT	Y Unsecured Claims			
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  4.1  Advocate Medical Group Ponopriority Creditor's Name  8550 Bryn Mawr Ave. 8th floor Chicago, IL 60631 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts	3. Do any o	creditors have nonpriority unsec	cured claims against you?			
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Advocate Medical Group	□ No. Y	ou have nothing to report in this p	art. Submit this form to the court with	your other sched	dules.	
unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Advocate Medical Group   Last 4 digits of account number   1971   \$160.00	Yes.					
Advocate Medical Group Nonpriority Creditor's Name 8550 Bryn Mawr Ave. 8th floor Chicago, IL 60631 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No  Last 4 digits of account number 1971  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.  Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	unsecure than one	ed claim, list the creditor separately	y for each claim. For each claim listed	, identify what ty	pe of claim it is. Do not list claims	already included in Part 1. If more
Nonpriority Creditor's Name 8550 Bryn Mawr Ave. 8th floor Chicago, IL 60631  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Debtor 1 only Disputed  Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts						Total claim
8550 Bryn Mawr Ave. 8th floor Chicago, IL 60631  Number Street City State ZIp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply	4.1 <b>Ad</b>	vocate Medical Group	Last 4 digits of acco	ount number	1971	\$160.00
Chicago, IL 60631         Number Street City State Zlp Code       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       □ Contingent         □ Debtor 1 only       □ Contingent         □ Debtor 2 only       □ Unliquidated         □ Debtor 1 and Debtor 2 only       □ Disputed         □ At least one of the debtors and another       □ Student loans         □ Check if this claim is for a community debt       □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         ■ No       □ Debts to pension or profit-sharing plans, and other similar debts						
Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Street if this claim is for a community debt Sthe claim subject to offset?  No  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts		_	or when was the debt	incurred?		
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			As of the date you f	ile, the claim is	: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts	Who	o incurred the debt? Check one.	-		,	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ No □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts	<b>=</b> [	Debtor 1 only	☐ Contingent			
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2 only	☐ Unliquidated			
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 and Debtor 2 only				
□ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		•		ITY unsecured	claim:	
debt  Is the claim subject to offset?  ■ No  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts			По			
■ No □ Debts to pension or profit-sharing plans, and other similar debts	deb	t	☐ Obligations arisin		ation agreement or divorce that ye	ou did not
· · · · · · · · · · · · · · · · · · ·	ls th	ne claim subject to offset?				
☐ Yes ☐ Other. Specify Medical Treatment			·	-	• •	
		Yes	Other. Specify	Medical Trea	atment	

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Document Page 22 of 68 Debtor 1 Kristoffer S Hanczar Case number (if know) 4.2 \$745.00 **Cadence Health** Last 4 digits of account number 5360 Nonpriority Creditor's Name 25 North Winfield Rd. When was the debt incurred? Winfield, IL 60190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Treatment ☐ Yes 4.3 **Capital One** Last 4 digits of account number 7628 \$561.00 Nonpriority Creditor's Name Attn: General Opened 07/14 Last Active Correspondence/Bankruptcv When was the debt incurred? 4/05/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 \$522.00 **Capital One** 7850 Last 4 digits of account number Nonpriority Creditor's Name Attn: General Opened 06/16 Last Active Correspondence/Bankruptcy When was the debt incurred? 2/22/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

No ☐ Yes

■ Other. Specify Credit Card

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Case number (if know)

Debtor 1 Kristoffer S Hanczar 4.5 \$168.04 City of St. Charles Last 4 digits of account number 1344 Nonpriority Creditor's Name 2 E. Main St. When was the debt incurred? Saint Charles, IL 60174-1984 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts unpaid utility service address 1706 Ronzheimer Ave Other. Specify Saint Charles, IL 60174 ☐ Yes 4.6 Comed Last 4 digits of account number \$305.56 1173 Nonpriority Creditor's Name P.O. Box 6111 When was the debt incurred? Carol Stream, IL 60197-6111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Utility services service address** 603 Kennedy Ave. ☐ Yes Other Specify Waterman, IL 60556 4.7 **Credit Box** \$3,991.69 Last 4 digits of account number unknown Nonpriority Creditor's Name 880 Lee St. Suite 300 When was the debt incurred? unknown Des Plaines, IL 60016 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify collection for unknown creditor ☐ Yes

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debt

■ No ☐ Yes report as priority claims

Other. Specify

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

**Medical Treatment** 

Is the claim subject to offset?

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Case number (if know) Debtor 1 Kristoffer S Hanczar 4.1 Dreyer Clinic Inc. 6776 \$1,266.00 Last 4 digits of account number Nonpriority Creditor's Name 28582 Network Place When was the debt incurred? Chicago, IL 60673-1285 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Treatment ☐ Yes 4.1 **First Premier Bank** 7494 \$298.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/16 Last Active 601 S Minneapolis Ave When was the debt incurred? 2/22/17 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.1 First State Bank 5802 \$521.97 Last 4 digits of account number 3 Nonpriority Creditor's Name 706 S. Washington When was the debt incurred? Mendota, IL 61342 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify overdraft protection

☐ Yes

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Debtor 1 Kristoffer S Hanczar Case number (if know) 4.1 IC Systems, Inc 2418 \$3,653.00 Last 4 digits of account number 4 Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? **Opened 09/16** St Paul, MN 55127 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney At T Uverse ☐ Yes 4.1 **Illinois Dept of Management Service** 0618 \$8,147.09 Last 4 digits of account number Nonpriority Creditor's Name Morneau Shepell When was the debt incurred? PO Box 10077 **Springfield, IL 62791-0077** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Premium collections ☐ Yes 4.1 Jefferson Capital Systems LLC 1908 \$431.96 6 Last 4 digits of account number Nonpriority Creditor's Name PO Box 7999 When was the debt incurred? Saint Cloud, MN 56302-9617 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify collection for Finger Hut ☐ Yes

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Document Page 27\_of 68 Debtor 1 Kristoffer S Hanczar Case number (if know) 4.1 Joseph R. Mazzone, Esq. \$1,937.50 Last 4 digits of account number Nonpriority Creditor's Name 3033 West Jefferson St. #208 When was the debt incurred? Joliet, IL 60435 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Professional Services rendered ☐ Yes 4.1 **Keynote Consulting** 1598 \$175.00 Last 4 digits of account number Nonpriority Creditor's Name 220 West Campus Drive When was the debt incurred? **Opened 05/15** Suite 102 Arlington Heights, IL 60004 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Renovo Endodontic** ☐ Yes Other. Specify Studio-Schau 4.1 **Kishwaukee Community Hospital** 3202 \$502.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 739 Moline, IL 61266-0739 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Treatment ☐ Yes

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Document Page 28 of 68 Debtor 1 Kristoffer S Hanczar Case number (if know) 4.2 Loyola Medicine 0011 \$250.00 Last 4 digits of account number 0 Nonpriority Creditor's Name **Gotlieb Memorial Hospital** When was the debt incurred? PO Box 4867 Chicago, IL 60694-4867 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical Treatment 4.2 **Nicor Gas** 5655 \$467.83 Last 4 digits of account number Nonpriority Creditor's Name PO Box 5407 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No unpaid utility service address 603 Kennedy St. ☐ Yes Other. Specify Waterman, IL 60556 4.2 **Northstar Location Services LLC** 1163 Last 4 digits of account number \$9,625.35 Nonpriority Creditor's Name When was the debt incurred? 4285 Genesee St. Cheektowaga, NY 14225-1943 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

No

☐ Yes

Other. Specify Repossession

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

collection for TD Auto Finance; 2009

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Debtor 1 Kristoffer S Hanczar Case number (if know) 4.2 \$168.00 **Northwest Collectors** 9715 Last 4 digits of account number 3 Nonpriority Creditor's Name 3601 Algonquin Rd Ste 232 When was the debt incurred? **Opened 11/16** Rolling Meadows, IL 60008 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney City Of St.Charles ☐ Yes Other. Specify Utility Dep 4.2 \$10,384.00 OneMain 9942 Last 4 digits of account number Nonpriority Creditor's Name Opened 04/16 Last Active Attn: Bankruptcy 601 Nw 2nd St When was the debt incurred? 12/19/16 Evansville, IN 47708 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 PayPal Buyer Credit 3523 \$642.52 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 960080 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify line of credit ☐ Yes

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Debtor 1 Kristoffer S Hanczar Case number (if know) 4.2 PNC Bank, NA 2964 \$1,438.88 Last 4 digits of account number 6 Nonpriority Creditor's Name P5-PCLC-A1-N When was the debt incurred? 2730 Liberty Ave. Pittsburgh, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify overdrawn account 4.2 Rise Credit 2480 \$139.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 6/26/15 Last Active **Customer Support** Po Box 101808 When was the debt incurred? 10/08/15 Fort Worth, TX 76185 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Unsecured ☐ Yes 4.2 **Rush Copley Medical Group NFP** 5784 \$250.00 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? 206 Ogden Ave. Ste. B Aurora, IL 60504-4714 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Treatment ☐ Yes

Official Form 106 E/F

Case 17-12320 Doc 1 Filed 04/19/17 Entered 04/19/17 15:59:36 Desc Main Document Page 31 of 68 Debtor 1 Kristoffer S Hanczar Case number (if know) 4.2 \$2,600.00 **Sprint Wireless** Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 660075 When was the debt incurred? Dallas, TX 75266-0075 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 St. Charles CUSD #303 CA5A \$655.00 Last 4 digits of account number 0 Nonpriority Creditor's Name When was the debt incurred? 201 South 7th St. Saint Charles, IL 60174 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify tuition & costs ☐ Yes 4.3 \$250.00

State Collection Services Inc	Last 4 digits of account number
Nonpriority Creditor's Name	
2509 S. Stoughton Rd.	When was the debt incurred?
Madison, WI 53716	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply
Who incurred the debt? Check one.	
■ Debtor 1 only	☐ Contingent
Debtor 2 only	☐ Unliquidated
☐ Debtor 1 and Debtor 2 only	☐ Disputed
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
☐ Check if this claim is for a community	☐ Student loans
debt	☐ Obligations arising out of a separation agreement or divorce that you did not
Is the claim subject to offset?	report as priority claims
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts
Yes	■ Other. Specify cllection for Northwestern Hospital Delnor

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Page 32 of 68 Case number (if know) Document Debtor 1 Kristoffer S Hanczar 4.3 Timothy W. Sheehan DDS Ltd 0015 \$3,763.07 Last 4 digits of account number 2 Nonpriority Creditor's Name 525 South Tyler Road When was the debt incurred? Saint Charles, IL 60174 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Treatment ☐ Yes 5734,733,73 4.3 **Tri-City Ambulance** \$2,590.00 3 Last 4 digits of account number 5 Nonpriority Creditor's Name 2 E. Main St. When was the debt incurred? 8/12/15 Saint Charles, IL 60174 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Treatment ☐ Yes 4.3 7400 \$515.94 Village of Waterman Last 4 digits of account number Nonpriority Creditor's Name PO Box 239 When was the debt incurred? Waterman, IL 60556 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unpaid water, sewer, garbage

Is the claim subject to offset?

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Name and Address	On which entry in Fait 1 of Fait 2	2 did you list the original creditor:	
Allied Interstate	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
3000 Corporate exchange Dr. Columbus, OH 43231		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?	
Credit Collection Services	Line <b>4.26</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
Two Wells Ave. Dept. 773		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Newton Center, MA 02459			
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?	
EOS/CCA	Line <b>4.14</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
700 longwater Dr. Norwell, MA 02061		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?	
Gibson & Sharps	Line <b>4.19</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	

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Debtor 1 Kristoffer S Hanczar Case number (if know) Attorneys at Law ■ Part 2: Creditors with Nonpriority Unsecured Claims 9420 Bunsen Parkway, Ste 250 Louisville, KY 40220 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Malcolm S. Gerald & Associates Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 332 South Michigan Ave. ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 600 Chicago, IL 60604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? National Credit \$ Collections (NCC) Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr. Suite 270 Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523-8852 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Northwestern Medicine** Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 28155 Network Place Part 2: Creditors with Nonpriority Unsecured Claims

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

Chicago, IL 60673-1281

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				7	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	76,524.98
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	76,524.98

Last 4 digits of account number

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		IAMAIIII.	111 1 11111. 33 11 110		
Fill in this infor	rmation to identify your	case:			
Debtor 1	Kristoffer S Hanczar				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS			
Case number					
(if known)					

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the or, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	Number	Olleet			
	City		State	ZIP Code	_
2.3	Oity		Otato	Zii Oodc	
2.5	Name				_
	ivame				
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.5					_
	Name				
	Number	Street			_
	MULLIDE	Gueer			
	City		State	ZIP Code	_
	Oity		Otate	∠II OUUG	

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Fill in this	information to identify you	r case:			
Debtor 1	Kristoffer S Han				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
_					
Case num (if known)	ber			,	☐ Check if this is an
()					amended filing
					3
Officia	l Form 106H				
		lobtoro			40/45
sched	lule H: Your Cod	reptors			12/15
No Yes  2. With Arizon  No. Yes  3. In Col	hin the last 8 years, have yong, California, Idaho, Louisiana, Go to line 3.  S. Did your spouse, former spouse	ou lived in a community pr a, Nevada, New Mexico, Pu puse, or legal equivalent live otors. Do not include your	roperty state or territo lerto Rico, Texas, Wash e with you at the time? spouse as a codebto	ry? (Community property states	ou. List the person shown
Form				06G). Use Schedule D, Schedu	
	Column 1: Your codebtor			Column 2: The creditor to	whom you owe the debt
	Name, Number, Street, City, State and	ZIP Code		Check all schedules that a	
				<b>-</b>	
3.1	Name			U Schedule D, line	
	Ivanie			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			<del></del>	
	City	State	ZIP Code		
3.2	Name			Schedule D, line	
	Hamo			☐ Schedule E/F, line _	
				☐ Schedule G, line	
	Number Street				
	City	State	ZIP Code		

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Fill	in this information to identify your ca	ase:								
Del	btor 1 Kristoffer S	Hanczar			_					
	btor 2 buse, if filing)				_					
Uni	ited States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_					
Cas	se number					Check	if this is:			
(If kr	nown)		-			☐ An	amende	ed filing		
									ng postpetition ollowing date:	
$\cap$	fficial Form 106l								Jilowing date.	
_	chedule I: Your Inc					MN	M / DD/ Y	YYY		12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. It 1:	are married and not filing w	ng jointly, and your s ith you, do not includ	pouse is le inform	s livi natio	ng with y n about y	ou, incl your spo	ude inforr ouse. If m	mation about ore space is	your needed,
1.	Fill in your employment									
	information.		Debtor 1						iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>☐ Employed</li><li>■ Not employed</li></ul>				<ul><li>□ Emple</li><li>■ Not e</li></ul>	•		
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Pai	rt 2: Give Details About Mor	nthly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	port for a	any li	ne, write S	\$0 in the	space. In	clude your noi	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	mplo	yers for th	hat perso	on on the li	nes below. If	you need
						For Debt	tor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_		0.00	\$	0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$_		0.00	+\$	0.00	
1	Calculate gross Income Add lin	ne 2 ± line 3		1	\$		0.00	\$	0.00	

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Deb	tor 1	Kristoffer S Hanczar	_	С	Case number (if ki	nown)				
					For Debtor 1			Debtor filing s		
	Сор	y line 4 here	4.		\$	0.00	\$		0.00	
5.	List	all payroll deductions:								
	5a. 5b. 5c.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5a. 5b. 5c.		\$ (	0.00	\$  \$ 		0.00 0.00 0.00	
	5d. 5e. 5f. 5g. 5h.	Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5d. 5e. 5f. 5g.		\$ \$ \$	0.00 0.00 0.00 0.00	\$ \$ \$ \$ -		0.00 0.00 0.00 0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ <sup>5h.</sup> 6.			0.00	+ Φ \$		0.00	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		<u> </u>	0.00	Ψ \$		0.00	
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e.		\$ ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	·	0.00	\$		0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	0.00	+ \$_		0.00	= \$	0.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prince friends or relatives. The include any amounts already included in lines 2-10 or amounts that are not accify:	depe				•	chedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$	0.00
13.	Do y	you expect an increase or decrease within the year after you file this form No.  Yes Explain:	?					·	Combined monthly in	

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Fill	in this informa	tion to identify yo	our case:						
	otor 1	Kristoffer S I				Ch	eck if th	nie ie:	
Dec	noi i	Kristoller 5	nanczar					mended filing	
	otor 2								ving postpetition chapter
(Spo	ouse, if filing)						13 ex	kpenses as of t	the following date:
Unit	ted States Bankr	ruptcy Court for the	NORTH	IERN DISTRICT OF ILLIN	OIS		MM /	DD / YYYY	
1	se number								
(If k	nown)								
O.	fficial Fo	rm 106J							
S	chedule	J: Your l	Exper	ses					12/1
Be info	as complete a complete	and accurate as ore space is ne n). Answer ever	possible eded, atta y questio	. If two married people and characteristics.					
Par 1.	t 1: Descr	ibe Your House nt case?	hold						
	■ No. Go to	line 2.							
	☐ Yes. Doe	s Debtor 2 live i	in a separ	ate household?					
	□N	0							
	ПΥ	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of De	ebtor 2.		
2.	Do you have	e dependents?	□ No						
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor			ependent's ge	Does dependent live with you?
	Do not state	the							□ No
	dependents	names.			Son			5	Yes
					Daughter		1	6	□ No ■ Yes
									■ res □ No
					Daughter		1	8	Yes
									□ No
3.	Do vour ovr	onese includo	_						☐ Yes
Э.	expenses o	enses include f people other tl d your depende	han $_{m \Box}$	No Yes					
Est	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the	lude expense value of sucl ficial Form 10	n assistance an	non-cash d have ind	government assistance i luded it on <i>Schedule I:</i> \	f you know Your Income			Your expe	enses
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4.	\$		0.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's	s, or renter	's insurance		4b.			0.00
				ipkeep expenses		4c.			0.00
5.		owner's associat		dominium dues <b>our residence</b> , such as ho	mo oquity loops	4d.	\$ \$		0.00

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Deb	otor 1	Kristoffe	r S Hanczar	Case	e num	ber (if known)	
6.	Utiliti	ies:					
0.	6a.		heat, natural gas		6a.	\$	0.00
	6b.	-	ver, garbage collection		6b.		0.00
	6c.		e, cell phone, Internet, satellite, and cable	services	6c.	·	350.00
	6d.	Other. Spe			6d.	·	0.00
7.			ekeeping supplies		7.	·	1,125.00
8.			hildren's education costs		8.	\$	90.00
9.			ry, and dry cleaning		9.	·	40.00
		٠,	roducts and services		10.	· -	0.00
		•	ntal expenses		11.	·	150.00
			Include gas, maintenance, bus or train fa	r <u>e</u>		<u> </u>	130.00
12.			ar payments.	<b>.</b>	12.	\$	200.00
13.			clubs, recreation, newspapers, magazi	nes, and books	13.	\$	0.00
14.			ributions and religious donations		14.	\$	0.00
15.	Insur	rance.	•				
	Do no	ot include in	surance deducted from your pay or include	ed in lines 4 or 20.			
	15a.	Life insura	nce		15a.	*	0.00
	15b.	Health ins	urance		15b.	\$	0.00
	15c.	Vehicle in	surance		15c.	\$	362.00
	15d.	Other insu	rance. Specify:		15d.	\$	0.00
16.			clude taxes deducted from your pay or inc	luded in lines 4 or 20.			
	Spec	,			16.	\$	0.00
17.			ease payments:				
			ents for Vehicle 1		17a.		189.65
			ents for Vehicle 2		17b.	\$	0.00
		Other. Spe			17c.	\$	0.00
		Other. Spe	·		17d.	\$	0.00
18.			of alimony, maintenance, and support		10	¢.	0.00
4.0			your pay on line 5, Schedule I, Your Inc		18.		
19.			s you make to support others who do n	ot live with you.	4.0	\$	0.00
20	Spec	·	enter assessment in alread in lines. A co	F of this farms on an Cabadala	19.		
20.			erty expenses not included in lines 4 or s on other property		20a.		0.00
		Real estat			20a. 20b.		0.00
						·	0.00
			nomeowner's, or renter's insurance		20c. 20d.		0.00
			ice, repair, and upkeep expenses				0.00
0.4			er's association or condominium dues		20e.	·	0.00
21.	Othe	er: Specify:			21.	+\$	0.00
22.	Calc	ulate your	monthly expenses				
			through 21.			\$	2.506.65
			2 (monthly expenses for Debtor 2), if any,	from Official Form 106J-2		\$	
			a and 22b. The result is your monthly exp			\$	2,506.65
	220. /	Add IIIIC ZZ	a and 22b. The result is your monthly exp	C113C3.		Ψ	2,300.03
23.	Calc	ulate your i	monthly net income.				
	23a.	Copy line	12 (your combined monthly income) from	Schedule I.	23a.	\$	0.00
	23b.	Copy your	monthly expenses from line 22c above.		23b.	-\$	2,506.65
	23c.		our monthly expenses from your monthly	ncome.	00	_	2 506 65
		The result	is your monthly net income.		23c.	\$	-2,506.65
24	Do ···	aava.		an within the war after way (!!	a 4l-!-	· farm?	
∠4.			an increase or decrease in your expens ou expect to finish paying for your car loan within				ase or decrease because of a
			terms of your mortgage?	and your or do you expect your more	guge	paymont to more	acc of decireace because of a
	■ No		, , ,				
			Explain here:				
	Y€	<del>c</del> s.	Explain note.				

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Fill in this info	rmation to identify your	case:			
Debtor 1	Kristoffer S Hanc	zar			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	Sankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official For	<u>m 106Dec</u>				
Declara	tion About a	n Individua	l Debtor's So	chedules	12/15
obtaining mone years, or both.	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1	n connection with a ban		s. Making a false statement, in fines up to \$250,000, or in	
Sig	gn Below				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy	Petition Preparer's Notice,
_	•			Declaration, and S	Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and schedules file	ed with this declaration and	
Y /c/ Kri	istoffer S Hanczar		X		
	offer S Hanczar		Signature of	Debtor 2	
	ure of Debtor 1		2.3	- · · · · <del>-</del>	
Date	April 19, 2017		Date		
Date	April 19, 2011				

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Debtor 1	Kristoffer S Han	aczar				
	First Name	Middle Name	Last Name			
Debtor 2 Spouse if, filing)	First Name	Middle Name	Last Name			
Spouse if, fairig)	rifst Name	Middle Name	Last Name			
nited States Ba	ankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS			
Case number fknown)					☐ Check if this is a amended filing	in
	m 106Dec tion About	an Individua	l Debtor's Sc	hedules		12/15
u must file thi taining money	is form whenever you y or property by fraud	file bankruptcy schedule in connection with a ban	onsible for supplying corr s or amended schedules. kruptcy case can result in	Making a faise stat	ement, concealing propert 00, or imprisonment for up	y, or to 20
ou must file thi otaining money	is form whenever vou	file bankruptcy schedule in connection with a ban	s or amended schedules.	Making a faise stat	ement, concealing propert 00, or imprisonment for up	y, or to 20
u must file thi taining mone ars, or both. 1	is form whenever you y or property by fraud	file bankruptcy schedule in connection with a ban	s or amended schedules.	Making a faise stat	ement, concealing propert 00, or imprisonment for up	ty, or to 20
ou must file thi taining money ars, or both. 1	is form whenever you y or property by fraud 8 Ü.S.C. §§ 152, 1341, n Below	file bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules.	Making a false stat n fines up to \$250,0	ement, concealing properl 00, or imprisonment for up	ty, or to 20
ou must file thi taining mone ars, or both. 1	is form whenever you y or property by fraud 8 Ü.S.C. §§ 152, 1341, n Below	file bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. kruptcy case can result i	Making a false stat n fines up to \$250,0	ement, concealing properl 00, or imprisonment for up	by, or to 20
bu must file thiotaining money ars, or both. 1 Sig Did you pa	is form whenever you y or property by fraud 8 Ü.S.C. §§ 152, 1341, n Below	file bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. kruptcy case can result i	Making a false state fines up to \$250,000 maker ankruptcy forms?  Attach Ban	ement, concealing properl 00, or imprisonment for up necessity of the second of the second of the second of the second of the second of the second of the second of the se	votice,
Did you pa	is form whenever you y or property by fraud 8 Ü.S.C. §§ 152, 1341, n Below  y or agree to pay som  Name of person	file bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. kruptcy case can result in mey to help you fill out b	Making a false state in fines up to \$250,00 marked ankruptcy forms?  Attach Ban Declaration	00, or imprisonment for up okruptcy Petition Preparer's I o, and Signature (Official Fo	to 20
Did you pa	is form whenever you y or property by fraud 8 Ü.S.C. §§ 152, 1341, n Below  y or agree to pay som  Name of person	file bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. kruptcy case can result i	Making a false state in fines up to \$250,00 marked ankruptcy forms?  Attach Ban Declaration	00, or imprisonment for up okruptcy Petition Preparer's I o, and Signature (Official Fo	votice,
Did you pa  No Yes i	is form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341,  In Below  Ity or agree to pay som  Name of person  Ity of perjury, I declare true and correct.	file bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. kruptcy case can result in rney to help you fill out be	Making a false state fines up to \$250,00 markruptcy forms?  Attach Ban Declaration	00, or imprisonment for up okruptcy Petition Preparer's I o, and Signature (Official Fo	to 20
Did you pa  No  Ves. I  Under pena that they are  X	is form whenever you y or property by fraud 8 Ü.S.C. §§ 152, 1341,  n Below  y or agree to pay som  Name of person	file bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. kruptcy case can result in rney to help you fill out be	Making a false state fines up to \$250,00 markruptcy forms?  Attach Ban Declaration	00, or imprisonment for up okruptcy Petition Preparer's I o, and Signature (Official Fo	votice,

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Fi	II in this inform	nation to identify you	r case.			
De	ebtor 1	Kristoffer S Han	Middle Name	Last Name	<del></del>	
1 '	ebtor 2	First Name	Middle Nove	Last Name		
.	oouse if, filing)	First Name	Middle Name	Last Name		
Ur	nited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
	ase number				-	Check if this is an amended filing
_	fficial For		Affairs for Indivic	luals Filing for B	ankruptcy	4/1
infe	ormation. If member (if known	ore space is needed, n). Answer every que	ible. If two married people a attach a separate sheet to stion. arital Status and Where You	this form. On the top of an		
				Elved Belole		
1.	Married	current marital statu	15 ?			
	☐ Not mar					
2.	During the la	ist 3 years, have you	lived anywhere other than v	where you live now?		
	□ No					
	Yes. List	t all of the places you	ived in the last 3 years. Do no	ot include where you live nov	1.	
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
	603 Kenne Waterman	•	From-To: July 2016 through April 2017	☐ Same as Debtor	I	☐ Same as Debtor 1 From-To:
		heimer Ave. les, IL 60174	From-To:	☐ Same as Debtor	ſ	☐ Same as Debtor 1 From-To:
	tes and territorion  No Yes. Ma	es include Arizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev hedule H: Your Codebtors (Of	vada, New Mexico, Puerto R		
1 6	LAPIAII					
4.	Fill in the tota	I amount of income yo	nployment or from operating the received from all jobs and a have income that you receive	all businesses, including part	time activities.	ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Case number (if known) Document

Debtor 1 Kristoffer S Hanczar

				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		1 of currer iled for ban		■ Wages, commissions, bonuses, tips	\$6,239.60	☐ Wages, commissi bonuses, tips	ons,
				☐ Operating a business		☐ Operating a busin	ess
	last calen nuary 1 to	dar year: December 3	31, 2016 )	■ Wages, commissions, bonuses, tips	\$49,678.00	☐ Wages, commissi bonuses, tips	ons,
				☐ Operating a business		☐ Operating a busin	ess
		dar year bef December (		■ Wages, commissions, bonuses, tips	\$63,194.00	☐ Wages, commissi bonuses, tips	ons,
				☐ Operating a business		☐ Operating a busin	ess
	winnings.  List each s	lf you are fili	ng a joint cas	pensions; rental income; inter e and you have income that y me from each source separat	ou received together, list it o	nly once under Debtor	
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Par	t 3: List	Certain Pa	yments You	Made Before You Filed for E	Bankruptcy		
6.	Are either	Neither De	btor 1 nor D	s debts primarily consumer ebtor 2 has primarily consu personal, family, or househol	mer debts. Consumer debts	are defined in 11 U.S.0	C. § 101(8) as "incurred by an
		During the No.	90 days befo Go to line 7	re you filed for bankruptcy, did	d you pay any creditor a total	of \$6,425* or more?	
		□ Yes	List below e paid that cre not include	each creditor to whom you paid editor. Do not include paymen payments to an attorney for the on 4/01/19 and every 3 years	ts for domestic support obligation is bankruptcy case.	ations, such as child su	ipport and alimony. Also, do
	Yes.			r both have primarily consure you filed for bankruptcy, did		of \$600 or more?	
		■ No.	Go to line 7				
		□ Yes	include pay	each creditor to whom you paid ments for domestic support of this bankruptcy case.			aid that creditor. Do not do not include payments to an
	Creditor'	s Name and	l Address	Dates of payme	nt Total amount paid	Amount you Wa	s this payment for

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7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partners of their voting	erships of which yo g securities; and a	u are a genera ny managing a	I partner; corporations gent, including one for
	<ul><li>No</li><li>☐ Yes. List all payments to an insider.</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
3.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost  No		ments or transfer a	nny property on a	ccount of a de	ebt that benefited an
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
).	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
0.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  ☐ No. Go to line 11.  ☐ Yes. Fill in the information below.	v.	rty repossessed, f		hed, attached	
	Creditor Name and Address	Describe the Property		Date		Value of the property
	Wells France Dealers	Explain what happened		84	l- 04	\$40.000.00
	Wells Fargo Dealers 6000 Freedom Square Dr., Suite	2008 Cadillac SRX		Marc 2017	ch 21,	\$12,000.00
	580 Independence, OH 44131	<ul><li>□ Property was reposses</li><li>□ Property was foreclose</li><li>□ Property was garnishes</li></ul>	ed.			
		☐ Property was attached				
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a No  Yes. Fill in the details.		uding a bank or fir	nancial institution	, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at  ■ No □ Yes	ey, was any of your prope nother official?	rty in the possess	ion of an assigne	e for the bene	fit of creditors, a

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Case number (if known) Document Debtor 1 Kristoffer S Hanczar

Pa	List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gifts with a total value of more th	nan \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	No No	otcy, did you give any gifts or contributions with a tota	I value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or co		Datas vav	Value
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Pai	tt 6: List Certain Losses			
15.	Within 1 year before you filed for bankrup or gambling?  ■ No □ Yes. Fill in the details.	cy or since you filed for bankruptcy, did you lose anyt	hing because of thef	t, fire, other disaster,
	how the loss occurred	Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pr	ccy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? eparers, or credit counseling agencies for services required		rty to anyone you
	Person Who Was Paid	Description and value of any property	Data nayment	Amount of
	Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of any property transferred	Date payment or transfer was made	payment
	Derrick B. Hager, P.C. 245 W. Roosevelt Rd. Building 15, Suite 119 West Chicago, IL 60185	attorney fees, court filing fee, credit report	April 18, 2017	\$1,368.00
	DECAF 114 Goliad St. Benbrook, TX 76126	pre-bankruptcy credit counseling	April 18, 2017	\$15.00
17.		ccy, did you or anyone else acting on your behalf pay o cors or to make payments to your creditors? ou listed on line 16.	or transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Case number (if known) Document

Debtor 1 Kristoffer S Hanczar

8.	Incluinclu	hin 2 years before you filed for bankruptonsferred in the ordinary course of your build both outright transfers and transfers madde gifts and transfers that you have already No	usiness or financial affa ade as security (such as t	airs? the granting of a					
		Yes. Fill in the details.							
		rson Who Received Transfer dress	Description and v		payme	ibe any property or ents received or debts n exchange	Date transfer wa made	as	
	Pei	rson's relationship to you							
19.		hin 10 years before you filed for bankrup leficiary? (These are often called asset-pro		y property to a	a self-settle	d trust or similar device	of which you are a	a	
	=	No							
		Yes. Fill in the details.							
	Name of trust Description and value of the property transferred n								
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units									
20.		hin 1 year before you filed for bankruptcy d. moved. or transferred?	y, were any financial ac	counts or insti	ruments he	eld in your name, or for y	our benefit, close	d,	
	Incl	ude checking, savings, money market, o uses, pension funds, cooperatives, assoc				t; shares in banks, credi	t unions, brokeraç	je	
		No							
		Yes. Fill in the details.							
		me of Financial Institution and dress (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold,	Last balar before closing		
	Cod	le)				moved, or transferred	trans	fer	
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	_	N							
		No							
		Yes. Fill in the details.							
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?		
22.	Hav	re you stored property in a storage unit o	or place other than your	home within 1	l year befor	re you filed for bankrupte	cy?		
	_								
		No							
		Yes. Fill in the details.							
		me of Storage Facility	Who else has or h	nad access	Describe	the contents	Do you still		
	Ad	dress (Number, Street, City, State and ZIP Code)	to it? Address (Number, S State and ZIP Code)	treet, City,			have it?		
Par	t 9:	Identify Property You Hold or Control	for Someone Fise						
23.		you hold or control any property that sor someone.	meone else owns? Incli	ude any propei	rty you bor	rowed from, are storing t	for, or hold in trus	t	
		No							
	_	Yes. Fill in the details.							
	_		NAM 1 41				.,		
		/ner's Name dress (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Va	lue	
D	4.4.0	Cive Details About Facility and a late							
rair	t 10:	Give Details About Environmental Info	ormation						

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Kristoffer S Hanczar

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	haz	ardous material, pollutant, contaminant,	or similar term.		,,	,					
Rep	ort a	II notices, releases, and proceedings tha	at you know about, regardless of wher	the	y occurred.						
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?										
		No									
		Yes. Fill in the details.									
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?										
		No Yes. Fill in the details.									
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice					
26.	6. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.										
		No Yes. Fill in the details.									
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case					
Par	t 11:	Give Details About Your Business or	Connections to Any Business								
27.	Wit	— hin 4 years before you filed for bankrupt	cy, did you own a business or have an	v of	the following connections to any	husiness?					
		☐ A sole proprietor or self-employed in		•	•						
		☐ A member of a limited liability comp	any (LLC) or limited liability partnersh	ip (L	LP)						
		☐ A partner in a partnership									
		☐ An officer, director, or managing exc	ecutive of a corporation								
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation								
		No. None of the above applies. Go to F	art 12.								
		Yes. Check all that apply above and fill	in the details below for each business	i.							
		siness Name dress	Describe the nature of the business		Employer Identification number Do not include Social Security r						
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed	iumber of friit.					
28.		hin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statement t	o an		de all financial					
	_	Ma									
		No Yes. Fill in the details below.									
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued								
		<b>-</b>									

Part 12: Sign Below

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Debtor 1 Kristoffer S Hanczar

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kr	istoffer S Hanczar	
	offer S Hanczar ture of Debtor 1	Signature of Debtor 2
Date	April 19, 2017	Date
<b>Did yo</b> □ No	u attach additional pages to Your	Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Yes		
Did yo	u pay or agree to pay someone wh	no is not an attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes	. Name of Person Attach the	e Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Page 50 of 68 number (if known) Document Debtor 1 Kristoffer S Hanczar are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Kristoffer \$ Signature of Debtor 1 Date Date April 19, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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		200	ament 1 age 21 et 30	
Fill in this informa	ation to identify your	case:		
Debtor 1	Kristoffer S Hanc	zar		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number(if known)				Check if this is an amended filing
Official For Statemen		n for Indiv	/iduals Filing Under Chap	ter 7 12/15
■ creditors have ■ you have lease You must file this whicheve on the fo	er is earlier, unless thorm  pple are filing together I date the form.	ur property, or and the lease has right in 30 days after the court extends the r in a joint case, both le. If more space is mber (if known).		the creditors and lessors you list tinformation. Both debtors must
1. For any creditor		art 1 of Schedule D	D: Creditors Who Have Claims Secured by Prope	rty (Official Form 106D), fill in the
	ditor and the property t	hat is collateral	What do you intend to do with the property the secures a debt?	Did you claim the property as exempt on Schedule C?
name:	rley Davidson Fina 2014 Harley David Heritage Softtail 10	son FLSTC	<ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul>	□ No ■ Yes
property			Reaffirmation Agreement.	

Part 2: List Your Unexpired Personal Property Leases

**Harley Davidson Financial** 

2009 Harley Davidson Sportster

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

☐ Surrender the property.

☐ Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

5300 miles

Will the lease be assumed?

☐ No

Yes

Official Form 108

Creditor's

Description of

securing debt:

name:

property

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Deb	tor 1	Kristoffer S Hanczar	Case number (if known)
	sor's n	ame: n of leased	□ No
	perty:	ii oi leaseu	☐ Yes
			□ fes
Les	sor's n	ame:	□ No
		n of leased	— ···
Prop	perty:		☐ Yes
Les	sor's n	ame:	□ No
		n of leased	□ NO
Pro	perty:		☐ Yes
Lac	sor's n	ame.	□ No
		n of leased	□ No
Prop	perty:		☐ Yes
Loo	sor's n		<b></b>
		ame. n of leased	□ No
	perty:	61.164664	☐ Yes
	sor's n		□ No
	criptio perty:	n of leased	
FIU	perty.		☐ Yes
Les	sor's n	ame:	□ No
		n of leased	
Prop	perty:		☐ Yes
Part	t 3:	Sign Below	
Unde	er pen	alty of perjury, I declare that I have indic	ted my intention about any property of my estate that secures a debt and any personal
prop	erty ti	hat is subject to an unexpired lease.	
X	/s/ K	ristoffer S Hanczar	X
		toffer S Hanczar	Signature of Debtor 2
	Signa	ature of Debtor 1	
	Date	April 10, 2017	Date
	Daie	April 19, 2017	Date

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Debtor 1	Kristoffer S Hanczar	Case number (if known)	
Lessor's	name:	. □ No	
Description	on of leased	<b>110</b>	
Property:		☐ Yes	
Lessor's r		□ No	
Property:	on of leased	☐ Yes	
Lessor's r		□ No	
Description Property:	on of leased	☐ Yes	
Lessor's n		□ No	
Description Property:	on of leased	☐ Yes	
Lessor's n		. □ No	
Descriptio Property:	n of leased	☐ Yes	
Lessor's n		□ No	
Description Property:	n of leased	☐ Yes	
Lessor's n		□ No	
Description Property:	n of leased	☐ Yes	
Part 3:	Sign Below		
Jnder pen	alty of perjury, I declare that I have indicated my	intention about any property of my estate that secures a debt and any person	nal
property th	nat is subject to an unexpired lease.		
x <i>21.</i>	nistable Hammy-	X	
Krist	toffer Sylanczar	Signature of Debtor 2	
Signa	ature of Debtor 1	-	
Date	April 19, 2017	Date	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-12320 Doc 1 Filed 04/19/17 Entered 04/19/17 15:59:36 Desc Main Document Page 58 of 68

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

In re	Kristoffer S Hanczar		Case No.		
		Debtor(s)	Chapter	7	_
	DISCLOSURE OF COMPE	NSATION OF ATTOR	NEY FOR DI	EBTOR(S)	
С	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to	
	For legal services, I have agreed to accept		\$	1,000.00	
	Prior to the filing of this statement I have received		\$	1,000.00	
	Balance Due		\$	0.00	
2. 1	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. Т	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4. I	I have not agreed to share the above-disclosed comp	pensation with any other person u	ınless they are mem	bers and associates of my law firr	1.
I	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				
5. 1	n return for the above-disclosed fee, I have agreed to re	ender legal service for all aspects	of the bankruptcy	ease, including:	
b c	<ul> <li>Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credit [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on how</li> </ul>	tement of affairs and plan which fors and confirmation hearing, and reduce to market value; exe ons as needed; preparation	may be required; d any adjourned hea mption planning	rings thereof;	
6. E	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis any other adversary proceeding.			es, relief from stay actions o	г
		CERTIFICATION			
	certify that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement for	payment to me for r	epresentation of the debtor(s) in	
Αı	oril 19, 2017	/s/ Derrick B. Hag	er		
_	nte	Derrick B. Hager 6 Signature of Attorney Derrick b. Hager, 245 W. Roosevelt Building 15, Suite West Chicago, IL 630-587-7490 Fay dirkhager@sbcglo	5286310 P.C. Rd. 119 60185 (: 630-587-7493		

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Chapter 7 Consumer Bankruptcy Retainer Agreement for Legal Services

Attorney At Law

I/We t	he undersigned, Kristoffer 5. Hanczo	, (hereinafter the "CLIENT(s)") retain the law firm (herein
	ne undersigned,	"ATTORNEY") for the purpose of performing legal services related to
		ankruptcy Code. The terms and conditions of the representation for legal
me iii	ing of a petition in Bankrupicy under Chapter 7 of the Officer States B	arties relating to the transactions contemplated by this Agreement and
SCI VICE	ed as all proving a understandings and a greenest between the Portion	relating to these transactions. Each Party acknowledges that, in agreeing
supers	edes an previous understandings and agreements between the rathes	ranty, collateral contract or other assurance (except those set out in this
A organ	or into this Agreement, it has not reflect on any representation, warr	anny, contact at contract of other assurance (except those set out in this
Agree	ment and any documents referred to in it) made by or on behalf of an	y other Party or any other person whatsoever before the execution of this
Agreei	ment. Each Farty waives all fights and remedies which, but for t	his Clause, might otherwise be available to it in respect of any such
		hat nothing in this Clause shall limit or exclude any liability for willful
mscor	nduct or fraud.	
1.	TOTAL FEES AND COSTS.	
	TOTALITIES THE COSTS.	17) 4 W
	The total fees and costs of this representation for legal services is	This total amount consists of:
	\$ 1000 w in attorney fees; \$ 12	for performance of legal services related to the
	filing of a petition in Bankruptcy under Chapter 7 of the Bankrupt	cy Code, including but not limited to, the drafting, preparation, analyzing
	and finalization of all required documents, statements, schedules a	
	\$ for legal services related to the dra	fting, preparation and filing of a motion(s) to avoid a judicial lien(s) and
	related court appearance;	
	\$	
	70 CA	
	\$	
	^	
	for tax transcripts, and;	
	• • • •	
	The cost for Credit Counseling/Debtor Education fees and/or thi	rd-party records search and verification services as applicable (i.e. paid
	comparative market analysis services, real estate or personal r	property appraisals, title searches, lien searches, etc.) are either billed

PRE PETITION PAYMENT UNDERSTANDING.

separately or are paid directly to the particular service provider.

CLIENT(s) hereby understands that THE FIRM will not perform any of the above described services until the fees are paid in full; thereafter the petition in Bankruptcy under Chapter 7 of the Bankruptcy Code will be filed as soon as practicably possible (Attorney reserves the privilege to hold the petition for actual filing until either he has at least three other similar petitions ready to file or the next calendar Saturday, whichever occurs first in time, in order to maximize efficient use of the Attorney's time and minimize expense to the Client).

THE ABOVE-DISCLOSED FEES AND COSTS DO NOT INCLUDE THE FOLLOWING SERVICE(S): Under Bankruptcy law, representation of the debtors in any dischargeability actions, judicial lien avoidances that come to the attention of the Attorney after the filing of the petition, relief from stay actions or any other adversary proceeding; any non-bankruptcy related services, including but not limited to, assistance and advice regarding mortgage loan modifications, home owner's association disputes of any type or nature, disputes with utility companies regarding security deposits and/or shut-offs, and any other state law related matters.

ADDITIONAL FEES AND COSTS WHICH MAY BE REQUIRED ON A PER INCIDENT BASIS.

CLIENT(s) hereby acknowledges and understands that the above described "TOTAL FEES AND COSTS" are exclusive of the following additional fees and costs which will be assessed on a per incident basis:

- A. THE FIRM prefers that you NOT refer creditors and collection contacts to THE FIRM until after the petition in bankruptcy has been filed and a case number is assigned. Creditors who are otherwise prohibited from continuing their collection efforts after a case is actually filed and a case number is assigned, are NOT PROHIBITED FROM CONTINUING THEIR COLLECTION EFFORTS JUST BECAUSE YOU HAVE RETAINED AN ATTORNEY FOR THAT PURPOSE. If you decide to provide creditors or others trying to collect a debt from you with the contact information of THE FIRM, THE FIRM reserves the right to bill you Twenty-Five Dollars (\$25.00) for each collection call we are made to field and respond to.
- B. THE FIRM strongly encourages CLIENT(s) to provide a complete list of all creditors (including the creditors' names, addresses, telephone numbers, account number and current balance owing) BEFORE the petition in bankruptcy is filed. Purposely leaving a 1525KAUTZ RD., SUITE 400, WEST CHICAGO, IL 60185 \* (630) 587-7490 FAX (630) 587-7493

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known creditor off the list of creditors is considered benkrupte and one for the denial of discharge of the debt owed to that creditor, denial of discharge of all of your debt and/or up to five (5) years in prison. Inadvertent omission of a creditor or creditors can be resolved by amendment to an existing petition in bankruptcy but may require additional fees and costs. THE FIRM reserves the right to bill you Fifty-Dollars (\$50.00) to add EACH omitted creditor to your bankruptcy case; plus any actual paper, copying and postage fees incurred.

- 3. PRE-PETITION CREDIT COUNSELING. The CLIENT acknowledges that he/she is required under the Bankruptcy Code to participate in an approved pre-petition credit counseling course and that he/she must obtain a certificate of completion of said course within 180 days of filing for bankruptcy before his/her case will be allowed to proceed. Unless provided for in paragraph one above, the cost related to participation in the credit counseling course is the responsibility of the CLIENT and is a separate cost not included in the fees and costs described in paragraph one.
- 4. PRE-DISCHARGE DEBTOR EDUCATION. The CLIENT acknowledges that he/she is required under the Bankruptcy Code to participate in an approved pre-discharge debtor education course and that he/she must obtain a certificate of completion of said course and provide such to the Court no later than 45 days following the First Meeting of the Creditors. Unless provided for in paragraph one above, the cost related to participation in the debtor education course is the responsibility of the CLIENT and is a separate cost not included in the fees and costs described in paragraph one. The CLIENT further acknowledges that FAILURE TO SIT FOR THE COURSE AND OBTAIN AND PROVIDE TO THE COURT THE CERTIFICATE OF COMPLETION WITHIN 45 DAYS OF THE FIRST MEETING OF THE CREDITORS MAY RESULT IN A DENIAL OF DISCHARGE IN HIS/HER CASE AND MAY RESULT IN A BAR FROM FILING FOR BANKRUPTCY PROTECTION AGAIN FOR AS MANY AS EIGHT YEARS.
- 5. CLIENT shall provide to the ATTORNEY all requested records and documents within 48 hours of such requests and will obtain written verification of authenticity of those records and documents as deemed necessary. CLIENT acknowledges that he/she is responsible for physically coming into possession of requested records and documents and does so at his/her own expense, if any.
- 6. ATTORNEY will actively negotiate with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 U.S.C §522(f)(2)(A) for avoidance of liens on household goods; and prepare and file all required documents and schedules in accordance with the Bankruptcy Code and local rules of the Federal District Court. The above disclosed fee DOES NOT INCLUDE representation of the CLIENT in any dischargeability actions, judicial lien avoidance, relief from stay actions or any other adversary proceeding.
- 7. CLIENT will inform THE FIRM of any changes to the CLIENT's address or telephone or e-mail address with the understanding that failure to do so may constitute failure under this contract.
- 8. CLIENT agrees to inform THE FIRM of any difficulties CLIENT may have in complying with the Retainer Agreement and that this Retainer Agreement may not be altered, changed or amended without mutual agreement and approval by THE FIRM in writing.
- 9. CLIENT has the right to terminate employment of THE FIRM at any time but such termination will not alter any rights or duties under the Retainer Agreement and such termination does not reduce the amount owed to THE FIRM or constitute grounds for any refund of monies paid except by agreement in writing.
- 10. CLIENT understands that any default under paragraphs 1, 2, 5, 7 and 8 OR should the CLIENT fail to fully cooperate with THE FIRM, or fail to provide accurate and complete information to THE FIRM or any Trustee, Judge, creditor or other claimant or any other entity at any time during THE FIRM's representation of CLIENT either before or after the filing of the petition in bankruptcy, such default or failure may result in the withdrawal by THE FIRM but such withdrawal will not alter any of the CLIENT's obligations under this Retainer Agreement and such withdrawal does not reduce the amount owing to THE FIRM except by agreement in writing and does not entitle the CLIENT to any refund of any fees and costs paid for such services.
- 11. CLIENT understands that from time to time an attorney from THE FIRM may be unavailable to appear in court or at other proceedings on CLIENT's behalf and hereby agrees that another attorney may be designated by THE FIRM to substitute for one of THE FIRM's attorney at such court or other proceeding.
- 12. REFUND OF MONIES PAID. All monies paid to the ATTORNEY become the property of THE FIRM and are not subject to refund upon demand. No refunds will be made under any circumstances after 120 days from the date of this Retainer Agreement. If a request for refund is made within 120 days of the date of this Retainer Agreement, all refunds, if any, will be reduced for services rendered and costs advanced to date, including but not limited to a minimum Fifty-Dollars (\$50.00) per calendar-month file maintenance and security fee.
- 13. Any provision of this Retainer Agreement which may be adjudicated to be unlawful or invalid by a court of law or becomes unlawful or invalid by operation of law or legislation, shall thereafter become null and void, but all other provisions of this Retainer Agreement shall continue in full force and effect.
- 14. CLIENT agrees that CLIENT is responsible for all costs of collection, including all court costs and reasonable attorney fees incurred by THE FIRM in the collection of any sums due hereunder.

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- 15. The PETITION IN BANKRUPTCY filed on **Detainment** above Plangel 6nd 6 floosigned CLIENT(S)/DEBTOR(S) is incorporated into this document by reference.
- POST-DISCHARGE LEGAL ADVICE AND ASSISTANCE. Derrick B. Hager, P.C., THE FIRM, is available to CLIENTS for future legal needs and concerns and/or referrals to colleagues with expertise in a particular area of law. By signing this retainer agreement CLIENT acknowledges and accepts that once their bankruptcy case is discharged, <u>future requests for legal advice or assistance will be billed at \$300.00 per hour with a minimum of one-quarter hour per incident / phone call / return phone call; or actual time spent, whichever is greater. In person appointments will be billed for actual time spent with a minimum of one-half hour, whichever is greater.</u>
- 17. The undersigned have voluntarily entered into this Retainer Agreement, consisting of three (3) pages (including the signature page) and by the undersigned's signature(s) below agree to all the obligations, rights and duties herein.

Agreed and Stened:

Attorney, Derrick B. Hage!

Attorney, Derrick B. Hage!

Client Signature (debtor)

Client Name Printed (debtor)

Client Name Printed (co-debtor)

### **United States Bankruptcy Court** Northern District of Illinois

In re	Kristoffer S Hanczar		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	42
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	fors is true and correct to	the best of my
Date:	April 19, 2017	/s/ Kristoffer S Hanczar Kristoffer S Hanczar Signature of Debtor		

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## United States Bankruptcy Court Northern District of Illinois

	•	Northern District of Hilnois		
In re	Kristoffer S Hanczar	Debtor(s)	Case No. Chapter 7	
	VER	RIFICATION OF CREDITOR M	IATRIX	,
	-	Number of	Creditors:	29
	The above-named Debtor(s) h (our) knowledge.	nereby verifies that the list of credit	tors is true and correct to	the best of my
Date:	April 19, 2017	Mustaffer )  Kristoffer S Harvezar  Signature of Debtor	Hanny or	

Advocate Medical Group 8550 Bryn Mawr Ave. 8th floor Chicago, IL 60631

Allied Interstate 3000 Corporate exchange Dr. Columbus, OH 43231

Cadence Health 25 North Winfield Rd. Winfield, IL 60190

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

City of St. Charles 2 E. Main St. Saint Charles, IL 60174-1984

Comed P.O. Box 6111 Carol Stream, IL 60197-6111

Credit Box 880 Lee St. Suite 300 Des Plaines, IL 60016

Credit Collection Services Two Wells Ave. Dept. 773 Newton Center, MA 02459

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Dakota Lending d/b/a Myloansite.com PO Box 188 Fort Thompson, SD 57339 Dreyer Clinic Inc. 28582 Network Place Chicago, IL 60673-1285

EOS / CCA 700 longwater Dr. Norwell, MA 02061

First Premier Bank 601 S Minneapolis Ave Sioux Falls, SD 57104

First State Bank 706 S. Washington Mendota, IL 61342

Gibson & Sharps Attorneys at Law 9420 Bunsen Parkway, Ste 250 Louisville, KY 40220

Harley Davidson Financial Attention: Bankruptcy Po Box 22048 Carson City, NV 89721

IC Systems, Inc 444 Highway 96 East St Paul, MN 55127

Illinois Dept of Management Service Morneau Shepell PO Box 10077 Springfield, IL 62791-0077

Jefferson Capital Systems LLC PO Box 7999 Saint Cloud, MN 56302-9617

Joseph R. Mazzone, Esq. 3033 West Jefferson St. #208 Joliet, IL 60435

Keynote Consulting 220 West Campus Drive Suite 102 Arlington Heights, IL 60004

Kishwaukee Community Hospital PO Box 739 Moline, IL 61266-0739

Loyola Medicine Gotlieb Memorial Hospital PO Box 4867 Chicago, IL 60694-4867

Malcolm S. Gerald & Associates 332 South Michigan Ave. Suite 600 Chicago, IL 60604

National Credit \$ Collections (NCC) 815 Commerce Dr. Suite 270 Oak Brook, IL 60523-8852

Nicor Gas PO Box 5407 Carol Stream, IL 60197

Northstar Location Services LLC 4285 Genesee St. Cheektowaga, NY 14225-1943

Northwest Collectors 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008

Northwestern Medicine 28155 Network Place Chicago, IL 60673-1281

OneMain Attn: Bankruptcy 601 Nw 2nd St Evansville, IN 47708 PayPal Buyer Credit PO Box 960080 Orlando, FL 32896

PNC Bank, NA P5-PCLC-A1-N 2730 Liberty Ave. Pittsburgh, PA 15222

Rise Credit Customer Support Po Box 101808 Fort Worth, TX 76185

Rush Copley Medical Group NFP 206 Ogden Ave. Ste. B Aurora, IL 60504-4714

Sprint Wireless PO Box 660075 Dallas, TX 75266-0075

St. Charles CUSD #303 201 South 7th St. Saint Charles, IL 60174

State Collection Services Inc 2509 S. Stoughton Rd. Madison, WI 53716

Timothy W. Sheehan DDS Ltd 525 South Tyler Road Saint Charles, IL 60174

Tri-City Ambulance 2 E. Main St. Saint Charles, IL 60174

Village of Waterman PO Box 239 Waterman, IL 60556

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Wells Fargo Dealer Services Attn: Bankruptcy Po Box 19657 Irvine, CA 92623

Xtream by Mediacom PO Box 5744 Carol Stream, IL 60197